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Family factors and depressive symptoms among college students: Understanding the role of self-compassion

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Abstract

Objective.—Poor family support and increased family unpredictability during childhood have been related to subsequent depression. How self-compassion might influence the relation between family factors (i.e., unpredictability and support) and depression is unclear. The present study examines how family factors and self-compassion relate to depressive symptoms.

Participants.—Study participants include 365 university students.

Methods.—Undergraduate students responded to a questionnaire assessing family factors, recent depressive symptoms, and self-compassion.

Results.—Hypotheses were supported: family factors were correlated with depression and lower self-compassion, and self-compassion and depression were negatively related. Furthermore, self-compassion moderated the unpredictability-depression relationship. Specifically, individuals who reported high levels of self-compassion demonstrated similar rates of depression, regardless of whether they reported mild, moderate, or high levels of family unpredictability. Self-compassion did not moderate the family support-depression relationship.

Conclusions.—Implications for therapeutic interventions targeting self-compassion for alleviating depressive symptoms are discussed.

Keywords

Family support; Family unpredictability; Self-compassion; Depression

Emerging adulthood can be a difficult time. In particular, college students have unfamiliar challenges to cope with, often outside of the comfort of a familiar family environment; such trials may contribute to mental health difficulties, including depression. In a national sample of U.S. colleges, 17.8% of students were diagnosed or treated for depression and 39.1% reported “feeling so depressed it was difficult to function” in the last year.¹ Many college students (44.3%) state their mental health impaired their academic performance in the prior month.² Due to the prevalence and impact of college students’ depression, understanding processes that contribute to the onset or exacerbation of depression is imperative. Family of origin factors may place students at risk for developing mental health difficulties, whereas

individual differences, like self-compassion, may alleviate this risk. This study aims to 1) evaluate the relationship between family factors (e.g., support and unpredictability) and depression among college students and 2) investigate whether self-compassion moderates this relationship.

Among adolescents and young adults, family support promotes mental health³ and protects against depression.^{4–6} Conversely, unsupportive families may increase vulnerability for mental health difficulties; in one study, weak parental support related to more depressive symptoms among adolescents.⁷ Furthermore, longitudinal studies indicate that low levels of family support during adolescence relates to more depression in young adulthood.⁸

Family unpredictability also appears to be deleterious for child development and adult mental health outcomes. Specifically, inconsistent parenting (especially nurturance and discipline) during childhood relates to psychological distress,⁹ including depression¹⁰ and anxiety¹¹ in adolescence and young adulthood. Higher scores on the Retrospective Family Unpredictability Scale (Retro-FUS),¹² indicating more unstable meals, money, parental discipline, and parental nurturance, relate to more severe anxiety and depressive symptoms.^{13,14} Thus, whether the focus is on inconsistent affection or discipline, or whether it is defined more widely to include resources (i.e., meals and finances), family unpredictability appears problematic.

Individual difference factors, such as self-compassion, may buffer the relationship between family factors and mental health difficulties among young adults. Self-compassion comprises a non-judgmental approach to one's suffering as well as a desire to heal oneself with kindness.¹⁵ Individuals high in self-compassion are more likely to experience feelings of happiness, optimism, life satisfaction, and positive affect, whereas low self-compassion has been related to the presence and severity of mood disorder symptoms.^{16–22} Such findings may reflect stronger well-being, protecting the individual against social and interpersonal stressors²³ and eliciting less self-criticism following negative life events.²⁴ Additionally, college students' self-compassion buffers the relationship between unproductive repetitive cognitions (i.e., brooding) and depressive symptoms.²⁰ Krieger and colleagues²⁵ evaluated the reciprocal relationship between self-compassion and depression. Among patients with major depressive disorder, weaker self-compassion predicted increased depressive symptoms, but increased depression did not relate to lower self-compassion.

As self-compassion is a relatively new construct, only one study has investigated family factors, self-compassion, and emotional well-being among adolescents and young adults.²⁶ Both maternal support (i.e. the perception of supportive versus critical comments from one's mother) and family functioning (i.e. the extent to which one's family was warm, connected, and harmonious) were predictors of self-compassion, and self-compassion partially mediated the relationship between family factors and emotional well-being. Further research is needed to determine the influence of family support as a whole, rather than only maternal support, on self-compassion. Additionally, studies have yet to investigate whether family unpredictability relates to self-compassion and depression.

The current study investigates how family factors, self-compassion, and recent depression are related among college students. We hypothesized that there will be a positive correlation between family unpredictability and recent depression symptoms, a negative correlation between family support and recent depression, and a negative correlation between self-compassion and recent depression. We predicted that self-compassion will positively correlate with family support and negatively correlate with family unpredictability. In addition, we explored whether self-compassion moderates the relationship between family factors (unpredictability and lack of support) and recent depressive symptoms.

METHODS

Participants and procedure

College students ($N = 365$; 76% female; ages 18 – 29 [$M_{\text{age}} = 18.82$; 1% over age 24], 81% exclusively heterosexual) from a medium-sized undergraduate institution in the Southeast completed a battery of self-report questionnaires for research credit (among several other options) between October, 2013 and May, 2014. They were notified of the study and elected to participate, signing up for one of several sessions during which the survey was administered to small groups (under 20) in a large classroom. Only students 18 years of age or older were allowed to participate and we requested upon signup that English was their first language. The sample was predominantly Caucasian (73%) and African American (12%) and a majority were raised by both mother and father (80%). The sample over-represents the percentage of females (by about 13%) and the percent of black students (by about 4%) on campus.

Participants signed an informed consent document and were reminded that participation was voluntary and confidential. Following survey completion, participants were debriefed and provided community and campus mental health resources. The Institutional Review Board approved this study's protocol.

Materials

Participants responded to a 60-minute survey, which included questions on demographic information, family factors, mental health and self-compassion.

The 10-item Perceived Social Support – Family (PSS-Family) scale measured the extent to which participants perceived their family of origin to be supportive.²⁷ Original response options (yes, no, don't know) were modified to a Likert-type scale ($1 = \text{Strongly disagree}$ to $11 = \text{Strongly agree}$) for the present study. Higher scores reflect more family support; scores ranged from 1.6 to 11 ($M = 7.57$, $SD = 1.98$). Prior research indicates the PSS-Family is a valid measure of family support.²⁸ Internal consistency in the present sample was good ($\alpha = .88$).

The 28-item Retrospective Family Unpredictability Scale (Retro-FUS) assessed the extent to which meals and money, as well as nurturance and discipline from one's mother and father, were chaotic or inconsistent in one's family of origin.¹² Participants responded on a five-point Likert-type scale ($1 = \text{Not at all}$ to $5 = \text{Extremely}$). Total scores were computed as an average across items (range 1.14 – 4.32), with higher scores indicating more family

unpredictability ($M = 2.26$, $SD = 0.55$). The Retro-FUS demonstrates construct validity¹² and excellent internal consistency ($\alpha = .90$ in the current study).

The 26-item Self-Compassion Scale (SCS) measured the extent to which participants treat themselves kindly.¹⁵ The SCS consists of three positive (e.g., self-kindness, mindfulness, common humanity) and three negative (e.g., self-judgement, isolation, or overidentification with feelings) subscales. Participants responded to items on a five-point Likert-type scale ($1 = \text{Almost never}$ to $5 = \text{Almost always}$). Negatively-valenced items were first recoded, such that higher scores reflect a greater ability to act with self-compassion. Mean SCS scores ranged from 1.08 to 4.96 ($M = 3.02$, $SD = 0.73$). The SCS demonstrates both construct and discriminant validity¹⁵ and internal consistency was excellent in the present study ($\alpha = .92$).

The 20-item Center for Epidemiologic Studies Depression Scale (CES-D) assessed recent depressive symptoms.²⁸ Participants indicated on a four-point Likert scale ($0 = \text{Rarely or none of the time}$ to $3 = \text{Most of the time}$) how frequently they experienced symptoms of depression (i.e., disturbed sleep, appetite changes, loneliness) during the prior two weeks. The average of all items ranged from 0 – 2.55 ($M = 0.8$, $SD = 0.54$), with higher scores reflecting more frequent recent depressive symptoms. The CES-D exhibits construct validity²⁹ and internal consistency for the CES-D was excellent ($\alpha = .91$) in the present sample.

RESULTS

First, zero-order correlations were computed to assess relations among study variables ($ps < .01$). Family unpredictability negatively correlated with family support ($r = -.60$) and current self-compassion ($r = -.32$). Self-compassion positively related to family support ($r = .32$). Recent depressive symptoms positively correlated with family unpredictability ($r = .49$) and negatively correlated with family support ($r = -.38$) and self-compassion ($r = -.58$).

Second, a hierarchal regression analysis investigated whether self-compassion moderates the relationship between family factors (unpredictability and support) and recent depressive symptoms. Following the recommendation by Kashy et al.,²⁹ we prepared the data by computing z-scores for each of the three predictors and we computed two interaction terms by multiplying the predictor variable z scores with the moderator (family unpredictability x self-compassion; family support x self-compassion). The multiple regression entered family unpredictability, family support, and self-compassion on the first step, which accounted for a significant proportion of variance in depressive symptoms ($R^2 = 44.0\%$, $F(3,271) = 71.07$, $p < .001$). Main effects were found for family unpredictability ($\beta = 0.29$, $t = -5.02$, $p < .001$) and self-compassion ($\beta = -0.48$, $t = -9.84$, $p < .001$), but not family support ($\beta = -0.06$, $t = -1.00$, $p = .32$). The second step entered both interaction terms, accounting for an additional 1.6% of the variance in depressive symptoms ($R^2 = 45.6\%$, $F(5,269) = 45.13$, $p < .001$). However, the interactions were not significant (support x self-compassion [$\beta = -0.10$, $t = -1.62$, $p = .11$]; unpredictability x self-compassion [$\beta = 0.04$, $t = 0.66$, $p = .51$]).

Given the null findings for the main effect of family support, a simplified regression was conducted removing this main effect and interaction term. On the first step, both family unpredictability ($\beta = 0.32$, $t = 6.72$, $p < .001$) and self-compassion ($\beta = -0.48$, $t = -10.04$, $p < .001$) significantly related to recent depression; this accounted for a significant proportion of depression variance ($R^2 = 43.8\%$, $F(2,272) = 106.09$, $p < .001$). The interaction term (family unpredictability x self-compassion) on step two significantly related to recent depressive symptoms ($\beta = 0.11$, $t = 2.45$, $p = .02$) and accounted for an additional 1.2% of the variance ($R^2 = 45.0\%$, $F(3,271) = 74.04$, $p < .001$). To comprehend this finding, self-compassion and family unpredictability scores were trichotomized. As displayed in Figure 1, group comparisons revealed that among persons with low and medium levels of self-compassion, increasing family unpredictability was associated with more depression. However, among persons with high self-compassion, those with greater family unpredictability were not more depressed.

COMMENT

The bivariate hypotheses were supported: significant correlations emerged among all variables. Specifically, college students reporting less family support and more family unpredictability had more frequent depressive symptoms. Our results corroborate research indicating depression is associated with low family support,^{7,8} inconsistent parental warmth and discipline,¹⁰ and unpredictable family life more generally.^{9,13,14} As predicted, treating oneself with compassion correlated with less depression, aligning with prior work.^{17, 20–22}

We also predicted a significant relationship between self-compassion and family factors. More self-compassionate individuals recalled less family unpredictability and perceived their family as more supportive. We can speculate as to the order of these relationships. Students from more unpredictable families and with more family support may have developed and maintained stronger self-compassion. On the other hand, students with elevated self-compassion (and presumably greater compassion toward others) may have more reasonable expectations of loved ones, resulting in more generous descriptions of their predictability and supportiveness. Although Neff and McGehee²⁶ found maternal support predicted greater self-compassion, we extend this to include broader perceptions of family support. In addition, this is the first time self-compassion has been connected to family unpredictability.

We demonstrated self-compassion moderates the relationship between family unpredictability and depression. In the final model, greater family unpredictability and lower self-compassion predicted higher depression scores, and these two risk factors interacted. Students with both moderate-to-high family unpredictability and low-to-moderate self-compassion had the highest depression scores. Conversely, higher family unpredictability was not associated with increased depression among persons with high self-compassion, suggesting self-compassion “buffers” the impact of family unpredictability.²³ Family support, in contrast, has a relationship with less depression that is not moderated by self-compassion.

In summary, family unpredictability correlated with more depression, and self-compassion appears to moderate this relationship; persons with relatively high levels of self-compassion have similar rates of depression, regardless of whether they report mild, moderate, or high levels of family unpredictability. This has important implications for college students' well-being in general and for treating depression. Cultivating self-compassion may offset or mitigate the negative effects of family unpredictability.

Therapeutic interventions have been developed to cultivate self-compassion in clinical populations.^{30,31} Although Mindfulness-Based Cognitive Therapy (MBCT) was originally developed to prevent depression relapses in individuals with major depressive disorder,³¹ Kuyken and colleagues found that self-compassion is not only a byproduct of MBCT but also a mediator of this treatment's benefits.³² Mindful Self-Compassion (MSC) is another clinical intervention that has been shown to decrease depression following an 8-week treatment program.³³ Others have demonstrated that a three-week self-compassion intervention for college students boosted optimism and self-efficacy, and lowered rumination, compared to peers in a time-management intervention.³⁴ However, self-compassion did not influence positive or negative affect, suggesting longer or more intense interventions may be necessary to prevent or treat conditions such as depression.

Therapeutic strategies focusing on self-compassion may be particularly beneficial for college students from chaotic families. As Neff and McGeehee²⁶ state, "It may be easier and more pragmatic for some individuals to learn how to be self-compassionate than to improve their complicated family dynamics" (p. 236). Self-compassion can be learned in childhood and adolescence,^{35, 36} and may help mitigate mental health difficulties as an adult.

Limitations

Results should be interpreted within the context of the study's limitations. The sample was predominantly White and female, therefore replicating our findings is necessary with a larger, more heterogeneous and ethnically diverse sample. In addition, because the sample consisted primarily of first-year college students, research is needed to see if our findings extend to older students (as well as non-students) who have been away from their families of origin for a longer time. Findings are predicated on retrospective reports of family unpredictability, which may be influenced by recall bias. Prospective studies controlling for existing depression that investigate family factors, self-compassion, and depressive symptoms over time are necessary.

Conclusions

Despite limitations, this study replicates and extends prior work indicating that family factors (low support and increased unpredictability) are detrimental to mental health outcomes; cultivating self-compassion may serve as an intervention target for alleviating depression among college students. Suggestions for future research include replicating these findings in students from various family structures, such as comparing students from single-parent, married-parent, and divorced-parent families. Furthermore, it is important to examine whether self-compassion can benefit students who are members of gender or sexually marginalized groups, or who grew up with parents struggling with mental health or

substance use difficulties; these students may have received less consistent nurturance and less support from parents putting them at risk for experiencing psychological distress.

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Figure 1.
Degree of self-compassion moderates the relation between family unpredictability and recent depression.